



**New York State 21<sup>st</sup> Century Community Learning Centers (CCLC)  
MVYB S.T.R.O.N.G Program Enrollment Form 2019-2020**

Student's Name:	Date of Birth:	Gender:
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Student's Home Address:

Home Phone:	Language(s) Spoken at Home:
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Racial/Ethnic Group:  American Indian/Alaska Native  Black or African American  Hispanic or Latino  
 Asian  White  Native Hawaiian/Pacific Islander  Two or more races  Other

Student ID Number <input type="checkbox"/> NYSED ID <input type="checkbox"/> District ID	Attending School:	Grade:
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Name of Person Enrolling Student:	Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
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Address of Person Enrolling Student (*if different than student*):

Phone Number(s) of Person Enrolling student: Email:

Emergency Contact Names	Authorized to Pick Up	Primary Phone Number	Other Phone Number/Email
<b>Primary Contact:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Primary Contact:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Secondary Contact:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Release of Student at Dismissal**

I give my child permission to walk alone at dismissal:  Yes  No

If no, my child will be picked up afterschool by me or one of the following individuals:

Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:

**My child MAY NOT be picked by the following individuals:**

Name:	Relationship to Student:
Name:	Relationship to Student:
Name:	Relationship to Student:

**Release of Student During Medical Emergencies**

If I am not available during emergencies, my child may be released to one of the following individuals:

Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:

## Student's Health Information

*All information is confidential and is used by the program staff to ensure the safety of students.*

Does your child have any of the following?

<b>Allergies</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list what child is allergic to:
<b>Asthma</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child use an inhaler or other medicine for his/her asthma? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>Diabetes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child need medication or blood glucose monitoring? <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, does your child have a prescription for glucagon? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>Seizure Disorder</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child need medication for preventing or treating seizures? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>Vision Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, and your child needs aids at school other than wearing glasses or contacts, please describe:
<b>Hearing Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, and your child needs aids at school other than wearing a hearing aid, please describe:
<b>Physical Limitations</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child able to participate in physical education class at school with no limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list his/her activity limitations:
<b>Other Medication(s)</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes, please list:

Does your child have special diet needs, other health needs, or behavioral/emotional needs?  
If yes, please describe:

*\*Please note medications taken or administered at the program will need written parent/guardian consent and health care provider order. Please check with program director/site coordinator for details.*

## Agreements

I give my child permission to enroll and participate in the 21<sup>st</sup> CCLC program  Yes  No

I understand that following agreements and consents **are not pre-conditions for approval** to participate in the 21<sup>st</sup> CCLC program.

Yes  No

I consent to emergency medical treatment for my child  Yes  No

I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies, or videotapes by the **S.T.R.O.N.G Program**. I also grant the **S.T.R.O.N.G Program** the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the **S.T.R.O.N.G Program** and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.  Yes  No

I consent for my child to take part in field trips, away from the program site, under supervision.  Yes  No

I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.  Yes  No

I provided information on my child's special needs to the program to assist in the safety of my child.  Yes  No

I understand that information regarding my child's special learning needs will be shared by my child's school of enrollment with 21<sup>st</sup> CCLC program staff on a need to know basis for my child's educational benefit  Yes  No

I agree to review and update this information whenever a change occurs and at least once every year.  Yes  No

I agree to talk to the program staff about my child's progress and participation in the 21<sup>st</sup> CCLC program.  Yes  No

If at any time I change my mind about my child's participation (any or all aspects), I will contact the site coordinator.  Yes  No

### Student Data and Evaluation Consent

In order to monitor the effectiveness of the program and ensure its future success, an independent evaluator is conducting an ongoing program evaluation. It is the intentions of the program evaluation to learn how these services help students and how the program can be improved in order to meet the grant requirements.

***Individual student data will only be used to assess the 21<sup>st</sup> CCLC program and will not be made public.*** Participating in the evaluation will not affect my child in school, in the 21<sup>st</sup> CCLC program, or in any other way. My name or my child's name will not be used in any report and our identities will not be recognizable in any report. At the end of the evaluation, all records that include personal information will be destroyed. Participation in this study is completely voluntary and is not required in the 21<sup>st</sup> CCLC program; participants may withdraw from the study at any time without affecting the child's participation in the 21<sup>st</sup> CCLC program.

The program will be obtaining demographic data including but not limited to racial/ethnic group, gender, grade level, English proficiency, free or reduced-price lunch eligibility, and special needs from the [district/NYSED] for students in the 21<sup>st</sup> CCLC program. Only check the following box if you would like to opt-out and not have this information shared.

The program will obtain my child's records from City of Mt.Vernon school district/NYSED showing his/her progress, information including but not limited to enrollment, grades, city and/or statewide test scores, and 21<sup>st</sup> CCLC program attendance. Only check the following box if you would like to opt-out and not have this information shared.

I understand that my child and I may be asked to participate in surveys and/or interviews about the 21<sup>st</sup> CCLC program and its effects. Only check the following box if you would like to opt-out and not participate in surveys and/or interviews.

**By signing below, I certify that all information (above) is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Name of Parent/Person in Relation/Guardian:

\_\_\_\_\_  
Signature of Parent/Person in Relation/Guardian

\_\_\_\_\_  
Date Signed